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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/804,481 |
| | Filing Date | March 12, 2001 |
| | First Named Inventor | David de Graaf |
| | Art Unit | 1839 |
| | Examiner Name | Epperson, J. |
| | Attorney Docket Number | WIBR-523-101 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 75436
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:
75436

OR

☐ Firm or
Individual Name Lisa M. Treannie, Esq.
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record**Signature****Name**Carla DeMarrà**Date**6/2/08**Telephone**617-258-5101

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.